24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	
	C C00530766
Check if 24-hour report	
Full Name of Payee	Date of Public Distribution/Dissemination
Headway Workforce Solutions Inc.	M M / D D / Y Y Y
Mailing Address 3100 Smoketree Ct.	09 28 2022 Amount
Suite 900	Allount
City State Zip Code	1750.00
Raleigh NC 27604	Transaction ID : SE.43184 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing (Estimate) Category/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
MASTERS, BLAKE, , , Oppose	President State: AZ
Calendar Year-To-Date Per Election for Office Sought Disb 2022	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Headway Workforce Solutions Inc.	09 28 2022
Mailing Address 3100 Smoketree Ct.	09 20 2022
Suite 900	Amount
City State Zip Code	1750.00
Raleigh NC 27604	Transaction ID : SE.43186 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Category/ Category/	M M / D D / Y Y Y Y
Canvassing (Estimate) 004 Type	
Name of Federal Candidate Support Office	e Sought: House District: 00
KELLY, MARK, , ,	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought Disb 2022	ursement For: Primary 🗶 General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Gross, Jennifer, , ,	M / D D / Y Y Y Y
Signature [Electronically Filed] Date	09 30 2022

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report fi	led on Man / Dab / Yayayay
Full Name of Payee Headway Workforce Solutions Inc.	Date of Public Distribution/Dissemination
Mailing Address 3100 Smoketree Ct.	09 28 2022 Amount
Suite 900	405.00
City State Zip Code Raleigh NC 27604	125.00 Transaction ID : SE.43209 Date of Disbursement or Obligation
Purpose of Expenditure Mileage (Estimate) Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate Support Of	fice Sought: House District:00
MASTERS, BLAKE, , , Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought Di 20	sbursement For: Primary ☐ Primary ☐ General Other (specify) ☐
Full Name of Payee	Date of Public Distribution/Dissemination
Headway Workforce Solutions Inc.	09 28 2022
Mailing Address 3100 Smoketree Ct.	Amount
Suite 900	405.00
City State Zip Code Raleigh NC 27604	125.00 Transaction ID : SE.43210 Date of Disbursement or Obligation
Purpose of Expenditure Mileage (Estimate) Category/ Type 004	Mam / Dad / Yayayay
Name of Federal Candidate Support O	ffice Sought: House District: 00
KELLY, MARK, , ,	President Senate State: AZ
	sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	250.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3750.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Gross, Jennifer, , , [Electronically Filed] Date	09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y